

August 4, 2010

TO ALL CASHING OF CHECKS, DRAFTS, AND MONEY ORDERS LICENSEES:

Enclosed is the renewal application for the Cashing Of Checks, Drafts, and Money Orders license currently held by you. Your current license will expire on December 31, 2010.

IMPORTANT INFORMATION!!!!

The completed application and all requested enclosures must be returned to this office postmarked no later than December 1, 2010. Failure to provide all required information in the renewal could constitute a violation of Chapter 27 of Title 5 of the Delaware Code.

Postmarks must be easily discernable. Renewals received after December 1, 2010 with no postmarks, or received with postmarks dated past December 1, 2010, will be treated as new applications and as such will require payment of an investigation fee to be submitted with the application. Investigation fees, if required, are to be paid as follows:

\$150.00 per location to be licensed, not a mobile unit.

\$200.00 per mobile unit to be licensed.

The processing of renewal applications postmarked and/or received after December 1, 2010, will be delayed because all renewal applications postmarked and/or received on or before the deadline will be processed first. For this reason, it is probable that licenses for late renewal applications, if approved, will be issued after January 1, 2011.

Outstanding invoices for examination and/or supervisory assessment fees must be paid before the renewal application will be approved. Checks should be made payable to State of Delaware.

All outstanding examination violations must be cleared before the renewal application will be approved.

NOTE: The renewal application cannot be used to notify this office of an address change or to apply for new branch offices.

If you have any questions, please contact the Licensing area at the above number.

Sincerely



Quinn Mille

Investigative Supervisor

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901

RENEWAL APPLICATION
FOR LICENSE UNDER CHAPTER 27
CASHING OF CHECKS, DRAFTS OR MONEY ORDERS

PLEASE TYPE

1. Name of Applicant: _____

E.I. or S.S. No.: _____

2. Contact person, title, and phone number for application: _____

| | | | |
|------------|----------------------------|---------|---------------|
| Name/Title | Telephone Number/Extension | Fax No. | Email address |
|------------|----------------------------|---------|---------------|

3. Address where the business is conducted: **The renewal application cannot be used to notify this office of address changes or to apply for new licensed offices.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices. (Attach separate list if necessary for additional licensed location).

| | | | |
|---|------|-------|----------|
| No. & Street | City | State | Zip Code |
| (Must be consistent with address on existing license [s]) | | | |

4. If this renewal application is for a mobile unit license, give: (Attach separate list if necessary for additional licensed mobile units.)

a. Boundaries of the area in which business is operated: (Include specific addresses if applicable)

b. Delaware registration number or other identifying data of the vehicle: _____

c. Address of administrative office: _____

5. Applicant business is formed as a: ___Corporation ___Partnership ___Sole Proprietorship ___LLC
Other (name type) _____ State: _____

6. All applicants must provide information regarding their registered agent for service of process in Delaware.
- (a) Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 132(a), Title 8 of the Delaware Code.
 - (b) Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, Street Address, and Telephone Number of Registered Agent:

- (c) Provide proof that the licensee is appropriately registered with the federal government as a money service business or provide a written explanation of why you are not required to register.
7. (a) Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management, etc.) of the business including full name, title, residential address, business address, Social Security number, date of birth, and, if a director, date term expires with this renewal application.
- (b) Personal resumes and personal financial statements for all **new** principals of the business must be submitted with this renewal application. Personal resumes should include a detailed work history. Personal financial statements must be in the form of a balance asset/liability statement. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**
 - (c) Please provide an updated list of managers of each location to be licensed. Please submit managers' personal resumes with this application. Personal resumes should include a detailed work history.
8. Please provide an updated list of all individuals and businesses with an ownership interest in the licensee, including full name, residential address, business address, and number of shares held or percentage of ownership with this renewal application. If licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company), and a financial statement for the parent company.
9. (a) Applicant must provide proof of a surety bond or irrevocable letter of credit in the principal sum of \$5,000 in compliance with § 2714, 5 Del.C., at the time of renewal of license. The bond shall be continuous or shall run to the term of the renewed license, effective through midnight, December 31, 2011.
- Letters of credit can expire no earlier than December 31, 2013.
- (b) If you are not providing a new surety bond, continuation certificate, or bond rider, please attach a photocopy of the bond already on file.
10. I (we) certify that I (we) have liquid assets available for the operation of business of at least \$5,000. Attach a current financial statement (balance sheet) and income statement (profit/loss sheet) for the applicant company. **PLEASE NOTE:** Owners of sole proprietorships must also provide a detailed personal financial statement.

Principal Officer's Signature

Date

11. Please provide a detailed business plan, including a description of any other business conducted at licensed locations.

12. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been arrested, indicted or convicted of a criminal offense **since the last time this information was disclosed? Include past incidents that have only recently come to your attention, such as information about new employees.**
Yes _____ No _____
13. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever used an alias or been known by any other name (other than "maiden/married")? Yes _____ No _____
14. Has the applicant or any owner, officer, director, partner, member, employee, or agent of your organization ever had any license (other than driver's license) suspended, revoked, or denied or has any regulator imposed a fine or taken other type of disciplinary action **since the last time this information was disclosed as part of an application process?** Yes _____ No _____
15. If the answer to questions 12, 13, or 14 is "yes", please attach a separate page giving details. If the answer to 12 **and/or** 14 is "yes", please provide photocopies of all legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, Court documents, etc.)
- 16.(a) Please note all outstanding invoices must be paid before a renewal application will be approved.
- (b) **If you have been examined by this office and received a report listing violations, please note that you must respond to this office and clear the violations before a renewal application will be approved.**
17. The yearly license fee of \$200.00 for each licensed location that is not a mobile unit must accompany this application. The yearly license fee of \$250.00 for each mobile unit must accompany this application. Make checks payable to *State of Delaware* and reference it to "Renewal Fee". **Applications received on or before the December 1, 2010 deadline, but without all required fees, will be considered as received late and treated accordingly. If you are not renewing a particular licensed location, you must state this in writing on your letterhead.**

Name of Applicant: _____

18. Address whererecords will be kept for examination purposes:

19. Address where actual examination will be conducted:

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Full Corporate Name

Corporate Seal

* ____ Check here if you do not have a corporate seal.

***If company has had a seal in the past and no longer has one, please attach an explanation.**

Signed: _____
Principal

Sworn to and subscribed before me this _____ day of _____ 2_____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

CASHING OF CHECKS, DRAFTS OR MONEY ORDERS

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

| | | | |
|------------------------|-----------------|-------------|-------------|
| Supervisory Assessment | _____ | _____ | _____ |
| | Name and Title | Telephone # | Extension # |
| | _____ | _____ | _____ |
| | Email Address | | Fax # |
| | _____ | | |
| | Mailing Address | | |
| License Renewal | _____ | _____ | _____ |
| | Name and Title | Telephone # | Extension # |
| | _____ | _____ | _____ |
| | Email Address | | Fax # |
| | _____ | | |
| | Mailing Address | | |
| Examination | _____ | _____ | _____ |
| | Name and Title | Telephone # | Extension # |
| | _____ | _____ | _____ |
| | Email Address | | Fax # |
| | _____ | | |
| | Mailing Address | | |
| Complaints | _____ | _____ | _____ |
| | Name and Title | Telephone # | Extension # |
| | _____ | _____ | _____ |
| | Email Address | | Fax # |
| | _____ | | |
| | Mailing Address | | |
| Public Contact | _____ | _____ | _____ |
| | Name and Title | Telephone # | Extension # |
| | _____ | _____ | _____ |
| | Email Address | | Fax # |
| | _____ | | |
| | Mailing Address | | |

Changes in the above contacts must be reported to our office immediately.